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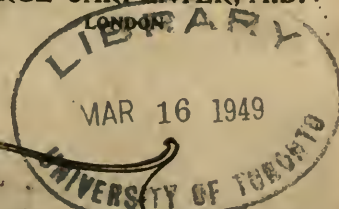
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CASE VII.—C. V—, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent., corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M—, female, aged twenty-four; six weeks after ovariectomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Bland's pills for three weeks. These were stopped, and the iron and manganese preparation given. Examination of blood showed eight per cent. hæmoglobin and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent. and the corpuscles 1,300,000.

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CONTENTS FOR MAY 15th, 1896.

EXAMINATION IN AND TREATMENT OF CHRONIC MIDDLE EAR SUPPURATION.....	ARTHUR H. CHEATLE, F. R. C. S.	433
INFLUENZA IN INFANTS AND CHILDREN..	LOUIS FISCHER, M. D.	441
FIBROID DISEASE OF THE HEART IN AN INFANT TWELVE MONTHS OLD.—SUDDEN DEATH.—GENERAL TUBERCULOSIS.	GEORGE CARPENTER, M. D.	445
Five Illustrations from Drawings.		
PRACTICAL NOTES.....		452
Bone Marrow Failing in Pernicious Anaemia.—Epilepsy.—Foreign Bodies in the Ear.—Itching.—Scarlatina Antitoxin.—Diarrhea.		
EDITORIAL.—Recent Advances in Antenatal Pathology.	J. W. BALLANTYNE, M. D.	455
SOCIETY REPORTS.—Pediatric Section of N. Y. Academy of Medicine.....		459
BOOK REVIEW.....		464
NOTES ON TREATMENT.—Intestinal Worms.....		466
ABSTRACTS.....		469
Death Rate Among New Born Children in China.—Sudden Death after the Administration of Diphtheria Antitoxin.—Suppuration of the Thyroid Gland following Diphtheria.—Trephining in Empyema.—Foreign Body in Bronchus.—Causes of Nasal Obstruction in Children.—Epilepsy of Dental Irritation.—Operative Interference in the Treatment of Epilepsy.—Myxofibroma of the Bladder in a Child Three Years Old.—Congenital Hydro-nephrosis.		
ITEMS.—Grocers and the Sale of Medicines.—Death from Antitoxin.—Boy Poisoned by Transfer Pictures.—A Physician's Heroism.—The Evils of Bakeshops.—Electrical Alarm for Infants.—Interstitial Myocarditis due to Syphilis.—Superstitions about Babies.—Museum Exhibits.—A Death Alleged to be Due to Diphtheria Antitoxin.		

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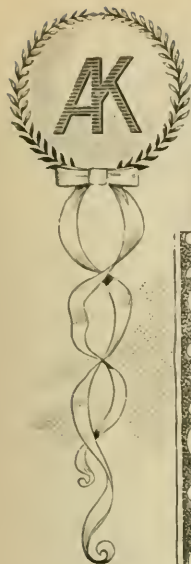
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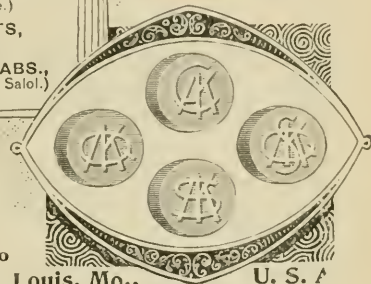
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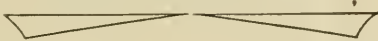
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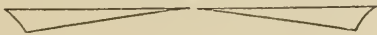
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EXAMINATION IN AND TREATMENT OF CHRONIC MIDDLE EAR SUPPURATION.

By ARTHUR H. CHEATLE, F. R. C. S.

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IT is not uncommon even now for the parents of a child to be told that a discharge from the middle ear will cease as the child grows older or when teething is finished, and that it would be dangerous to stop the discharge ; it is impossible to over-rate the danger of such statements which have too often been responsible for loss of hearing and life. It should be impressed upon patients and the parents of patients that the discharge is a menace to life and hearing, and that the life is not insurable as long as it exists ; by so doing before treatment is commenced care will be taken in following directions, and patience, which is a great factor in successful treatment, will be assured.

It is also a common practice to merely order syringing without a proper examination, and even without any directions as to the way the ear should be syringed.

To treat the disease with success it is necessary, firstly, to thoroughly examine the auditory apparatus, nose and nasopharynx and the general health ; and, secondly, to give precise directions as to treatment, for on the home treatment a cure often wholly depends. With regard to the examination, the history must be gone into as to the cause, constitutional or otherwise, together with mode of onset and course ; the general health inquired into and a general examination being made if necessary. Before proceeding to local examination it is well to test the hearing power, both for the voice and a

known distance watch, so that improvement after examination can be accurately determined. In children the watch will often be found useless, untrustworthy answers being given ; it is necessary then to rely on the voice test alone, simple questions being asked which a child can readily understand and answer at known distances ; even this seemingly simple method requires practice to be of accurate service.

The external ear and adjacent parts should then be examined for signs of complication, and if pain or tenderness is complained of greater care can be exercised in manipulating the auricle and in introducing the speculum. In children, as the meatus is shorter and straighter than in the adult, a speculum is not always necessary to obtain a view of the membrane ; drawing the auricle upwards and backwards being all that is required. On examining the deep meatus with or without a speculum and with reflected light the character of the discharge must be first determined ; if pulsation is seen in it as it lies in the meatus a more or less acute condition is present, the pulsation being communicated from the congested parts around ; on removing a small amount by means of a cotton mop it can be seen whether it be purulent, sero-purulent or muco-purulent, the second indicating a healing process, the last an acute or sub-acute condition ; whether blood-stained or brownly discolored, the former indicating the presence of a polypus or of granulations, the latter, if persisting on treatment, some progressive caries ; the odor should receive attention and it is occasionally useful to make a bacteriological examination. The meatus and middle ear should then be cleared from discharge by syringing or gentle mopping and the condition of the deep parts searchingly examined. If a polypus presents, gentle examination with a fine blunt-pointed probe should be made to ascertain as far as is possible the attachment of its base, its vascularity and degree of tenderness. Soft bulging of the superior and posterior bony meatal walls strongly suggests extension of the suppurative process to the antrum and mastoid cells.

General swelling and redness of the meatal walls means a diffuse inflammation.

In adults exostoses are sometimes met with which may prevent the free exit of discharge ; they may be readily recognized by their consistence when touched with a probe ; it must be determined whether interference is necessary, together with the site of the growth and its character.

The position, shape, size, edges and surrounding parts of a perforation, or of perforations, must be noted.

A perforation in Shrapnell's membrane as a rule denotes a tedious case, or at all events a difficult one to treat, as it means that the trouble exists in the attic, in which are situated the heads of the larger ossicles often found to be carious, and as the upper part of the middle ear is practically shut off from the lower part by the ossicles, muscles and folds of mucous membrane, drainage is incomplete. Perforation in the posterior superior quadrant is also often difficult to treat and should arouse suspicion of caries of the incus.

If granulations are seen their site of growth should be determined and examined with the probe for carious spots. The condition of the ossicles must be ascertained, whether lost, carious or displaced; as before stated, caries should be suspected when the perforation is in Shrapnell's membrane or in the posterior superior quadrant. Caries of the external wall of the attic is occasionally present when the perforation is in Shrapnell's membrane and should be examined for with a bent probe.

The condition of the middle ear seen through a perforation should be examined as to the condition of the mucous membrane and bony walls; and for the presence of what are called cholesteatomous deposits, which appear as white shining masses, composed of layers of epithelium with cholesterine. Adhesions binding down the ossicles or membrane must be noted.

The nose should be examined by anterior rhinoscopy for hypertrophic and atrophic conditions, deviations and spurs of the septum, polypi and suppurative diseases of the accessory sinuses. In children a good view can be obtained by pressing back the tip of the nose and using reflected light. Polypi are not so uncommon in children as was formerly supposed; suppuration in the accessory sinus on the other hand is rare. The mouth, fauces and pharynx should be overhauled for carious teeth, enlarged tonsils and catarrh, the naso-pharynx by posterior rhinoscopy for adenoids, catarrh and hypertrophy of the posterior extremities of the inferior turbinated bones; if posterior rhinoscopy is impracticable, as it often is in young children, a digital examination must be made, but is better left to the end, as children often become unmanageable after it, and as some bleeding is naturally produced there is a risk of the blood being blown into the middle ear by the inflation practiced later.

Tuning fork tests should then be employed to exclude implication of the internal ear, a necessary thing as regards prognosis.

Inflation of the middle ear by means of Politizer's bag or Eu-

stachian catheter must then be performed, to ascertain the potency of the Eustachian tube and any improvement in the hearing, which is then again measured. Finally if posterior rhinoscopy has not been successful rapid and gentle digital examination of the nasopharynx must be made.

Complications other than the few already mentioned must be excluded, suspicions of any would have been aroused during the foregoing examination ; it is not proposed to enter into their consideration in this paper.

The examination having been completed and the exact condition ascertained as far as is possible, treatment is the next consideration. As before stated syringing is often ordered without any directions as to how it is to be done or as to what kind of syringe is to be employed, and as syringing is one of the most important methods of treatment no efforts should be spared to insure efficacy.

The syringe which will be found to work well is a common, straight, one ounce, glass one with a medium sized nozzle, or, better, if the patient's means will allow, a medium sized brass one with a Pritchard's bone nozzle.

As a general rule it is impossible for a patient to syringe his own ear ; some one else should undertake it and if possible always the same person, who should be personally instructed by the surgeon. If the person who is to do the syringing cannot be seen and instructed the following directions should be given : The patient is to sit down, or if giddiness is produced (as it sometimes is by the syringing) lie down with the affected ear turned towards a window or a good light ; the auricle is then gently pulled upwards and backwards, to straighten the meatus, with the fingers and thumb of the left hand, and the nozzle of the syringe being placed just inside the dark orifice which will be seen the stream is to be directed gently but firmly straight inwards, the syringing being continued until the fluid returns clear—of course the solution used must be pleasantly warm. Any fluid remaining in the ear should then be allowed to run out and the ear carefully dried.

With regard to syringing the nose, the same care in giving directions should be taken ; if the patient is a child some one else must of course perform the operation, but it should be done by the patient if possible. The same model of glass syringe as the one used for the ear, but a separate marked one does very well. The nozzle of the syringe is first to be directed upwards to pass the elevated floor of the vestibule, then directed backwards and slightly

downwards so that the stream may be gently syringed along the floor of the nose, syringing upwards often causing headache; if loud mouthed breathing is practiced the while so as to elevate the soft palate the stream will flow out of the other nostril and prevent choking.

If a stoppage from any cause exists on one side of the nose that is the one that should always be syringed, for if the free side be syringed there is a risk of the solution being forced up the Eustachian tube into the middle ear, owing to the prevention of free exit on the outflow side.

The solution used should be pleasantly warm, and directions should be given that the nose is not to be violently blown immediately after, as some of the fluid may be blown into the middle ear.

In cases of uncomplicated middle ear suppuration syringing night and morning, or if the discharge is very profuse more frequently, with an antiseptic solution such as carbolic acid 1-60 or 1-80 boracic acid, etc., will often suffice to bring about a cure; it does not so much matter what antiseptic solution is used so long as the syringing is done thoroughly; although sometimes a change is useful, some solutions being found to suit some ears better than others. Spirit instillations as an adjunct to syringing often help, especially if granulations are cropping up, combined with boracic acid powder. The following formula will be found suitable:

℞ Pulv. Acid. Borac. ʒ i;
Sp. Vini Rect. ʒ iii, misce et ft. lotio.

Ten drops are to be mixed with ten of hot water, so as to make the whole pleasantly warm, and poured into the ear from a spoon, the patient lying down with the affected ear uppermost, the instillation remaining in for ten minutes or so after syringing. If stinging is produced the instillation should be syringed out and again introduced; if pain is then induced it must be weakened or left off; on the other hand if it produces no discomfort the strength should be gradually increased, by lessening the amount of water, until used pure.

Spirit is often useful for syringing, especially towards the end of a case, to produce hardening, half a wine glassful being mixed with half a tumblerful of warm water.

As the discharge lessens the number of times the ear is syringed should be decreased, but the patient should not be allowed to leave off treatment until, syringing having been left off for several days,

a cotton mop carefully passed down to the affected area returns quite dry ; it is often difficult to determine by the appearance alone whether the discharge has quite ceased.

Politzerisation at intervals is necessary, as it not only clears the Eustachian tube and middle ear of discharge but improves the hearing and tends to prevent the formation of adhesions ; the procedure can be performed by the patient himself, or by friends, after instruction.

In children often no purposeful help can be obtained in performing the inflation, nor is it necessary, for on account of the nasopharynx being small and the Eustachian tube being wider, shorter and more horizontal than in the adult, merely emptying the bag into the nose with the nostrils well closed, will suffice ; crying is a distinct aid in the procedure. If healing does not take place on treatment careful examination should be made to find a cause, caries of the ossicles being especially borne in mind. With regard to insufflation of powders, such as fine boracic acid, it is sometimes useful when the discharge is slight and the perforation large ; it should never be practiced when the discharge is profuse or the perforation small, as the powder only clogs the perforation and meatus, preventing the outflow of discharge ; the method must be carefully demonstrated to the patient's friends or the powder simply remains in the cartilaginous meatus. A quill with a piece of tubing attached as a mouthpiece, serves admirably for the purpose.

A method of treatment which has given good results is, to make an initial thorough purification of the middle ear and meatus by means of strong instillations of carbolic acid 1-20 or 1-40, after thorough syringing, and to lightly pack down to the affected area, with all antiseptic precautions, a plug of double cyanide gauze wrung out in 1-40 carbolic acid, so as to dissolve out the irritating soluble cyanides ; the subsequent treatment is then that of an ordinary wound.

It is needless to say that careful watching is necessary, the plug being left out and the ordinary treatment adopted if pain or temperature supervene. The only drawback is that the case must be seen almost daily by the surgeon ; but if the method is successful the time of treatment is so curtailed that time and expense are saved in the long run.

It is a common practice to wear wool in the discharging ear ; as generally used, in small pieces packed tightly into the meatus, the plug prevents the proper outflow of discharge, and it is not uncommon to find several putrifying plugs packed down into the meatus,

the patient having been under the impression that they had been removed. If the discharge is profuse it is better to place a large piece of absorbent wool lightly into the concha, not into the meatus, and to retain it in position by means of a black silk pad with strings passing round the head.

Patients often complain that although the discharge is getting less no improvement is taking place in their hearing; the fact that the hearing is of secondary importance to the cessation of discharge should then be impressed upon them.

Occasionally the hearing can be improved by the use of an artificial membrane; unless both ears are badly affected or unless the occupation is such as to demand good hearing in both ears, the use of an artificial membrane is not to be specially recommended, as it is always a source of more or less irritation.

The cotton wick made of salicylic, or double cyanide wool, moistened in a warm antiseptic solution is certainly the safest and handiest form and should be tried under the circumstances mentioned above, especially if the patient always hears better directly after syringing.

No definite rule can be laid down as to the kind or position of perforation which is most likely to give good results, except that it is usually large and situated below the short process of the malleus.

Several trials should be made to make sure that the artificial drum is of no service, and it is often impossible to say in which particular position it will improve the hearing; the patient after some practice is able to place the wick in that position better than the surgeon; it should be worn for an hour daily for the first week or so, the time being gradually increased until it can be worn comfortably all day, being removed at night. A fresh one is prepared for each introduction.

If pain is produced it must immediately be left out for some weeks, and then cautiously tried again.

To make the wick the wool should first be pulled evenly out flat, then placed in the hot antiseptic solution and carefully rolled up, being made of such a length as to reach from the middle ear to the opening of the cartilaginous meatus, and should not by its thickness entirely occlude the meatus. A straight pair of untoothed forceps are used for its introduction.

To enter into the treatment of nasal and nasopharyngeal troubles associated with middle ear suppuration in this paper would occupy too much space; suffice it to say that in children adenoid vegetations

require removal, the ear having previously been brought into as pure a condition as possible by syringing in order to reduce the risk of infecting the fresh wound to a minimum.

Enlarged tonsils, usually associated with adenoids, should be removed, either at the same time as or at a short time previous to the adenoid operation.

Hypertrophic conditions, if not yielding to astringent and alkaline applications, will require the cauterizing of the inferior turbinated bodies or removal with the snare; this condition is frequently associated with adenoid vegetations and is immensely improved by their removal.

Atrophic conditions require alkaline* spraying or syringing; carbolic acid mixed with the solution is found very beneficial *(Lotio, Alk. Throat Hospital, Golden Square Pharmacy).

The general health frequently will require tonics, cod liver oil, fresh air, etc.

A word of caution is necessary concerning the entrance of water into the affected ear during washing, as it may be the starting point of severe and even fatal complications; a firm plug of cotton wool should be introduced into the meatus to prevent it. A patient with middle ear discharge should not bathe in sea, river or swimming bath under any circumstances whatever.

*Lotio Alkalina.

R Sodii Bicarb., gr. xii;
Acid Carbol., gr. ss.;
Aquae, ℥ i.

Grocers and the Sale of Medicines.—In a country where the laws regulating the sale of drugs by pharmacists are so stringent, it is strange that grocers should be permitted to sell them. We refer to the sale of candies and pastils of santonine by grocers. These famous vermifuge lozenges are a veritable poison, as every physician who is at all familiar with the effects of this powerful alkaloid knows. The law which forbids a pharmacist to sell twenty drops of laudanum without a physician's prescription permits a grocer to distribute santonine thus prepared by the pound. Many serious accidents have occurred in this way, and there are other new ones to be found in the *Journal de Medecine de Paris*. Dr. Leo, in a valuable article on the subject, also cites several. The same may be said of poppyheads, of which decoctions are imprudently made as sleeping-potions for children and invalids, not only in the country but even in Paris.—*Paris Letter in Med. Rec.*

INFLUENZA IN INFANTS AND CHILDREN. SOME DIAGNOSTIC AND THERAPEUTIC HINTS.

By L. FISCHER, M. D.,

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AT various times, and chiefly when pneumonia, diphtheria and other infectious diseases predominate, we find a series of symptoms which frequently baffle us. They simulate by the pains in the limbs muscular rheumatism ; again, the gastric and enteric symptoms will simulate gastro-enteritis, or the coryza and cough will remind the attendant of the onset of either measles or a severe form of bronchitis, possibly pneumonia. It is very infectious, the period of incubation very short, and unlike most infectious diseases, one attack does not protect from subsequent ones ; that is, relapses are common.

The mortality is high ; the disease is contagious and is frequently transmitted from an adult to the children in the household on the same day or within two or three days after one member has been stricken.

The disease is caused by a micro-organism which has been designated the "influenza bacillus," and has been described by R. Pfeiffer in the *Zeitschrift für Hygiene und Infectious-Krankheiten*, and can be cultivated on agar containing hæmoglobin. The bacillus is found in the blood of infected children, but chiefly in the discharges from the nose, throat and lungs.

This germ was simultaneously discovered by Canon in 1892. It is a small organism, about the same diameter as the bacillus of mouse septicæmia, but only half as long. They are usually solitary, but may be united in chains of three or four elements. They stain rather poorly, excepting with such concentrated penetrating stains as carbol-fuchsin and alkaline methylene blue, and even with these the bacilli stain more deeply at the ends than in the middle, so that they appear something like diplococci.

For the demonstration of the bacilli in the blood, Canon recommends a rather complicated method. The blood is spread upon clean cover glasses in the usual way, thoroughly dried, and then fixed by immersion in absolute alcohol for five minutes. The stain which seems best is Czenzynke

℞ Concentrated solution methylene blue,	40 parts
O. 5 per cent. solution eosine in 70 per cent. alcohol,	20 parts
Distilled water,	40 parts

The cover glasses are immersed in this solution and kept in the incubator for three to six hours, after which they are washed in water, dried and then mounted in Canada balsam.

By this method the erythrocytes are stained red, the leucocytes blue and the bacillus, which is also blue, appears as a short rod or even as a dumbbell. The bacillus does not grow in gelatine or upon ordinary agar.

We encounter quite a difficulty in describing the symptoms, for the type of the attack alters from time to time, so that we must rely in our diagnosis on various factors, chiefly the one that influenza is epidemic at the time, and perhaps that other members of the household have suffered. The diagnosis must be made by exclusion in very young infants.

It need not surprise us that we find various types of this disease in infancy, namely, the form known as the gastro-enteric type and the pulmonary type, for we find that the so-called pneumonia diplococcus can and frequently does cause at one time an otitis, at other times a meningitis. It is in this manner that the influenza bacillus sometimes infects the lungs, causing either a bronchitis or a pneumonia, and at other times it will infect the gastro-enteric system.

The main pulmonary symptom is fever, the temperature rising to 102° F., and even 105° F. The child is heavy and drowsy, and appears to have pain in the limbs. The condition lasts a day or two, the temperature sinks and the child is well again. This is in the simple form of influenza, but if we have a more protracted course, the temperature may keep on rising in the evening, falling in the morning, for a week or two weeks before reaching normal. In the worst forms we may have an attack ushered in with a convulsion, with vomiting, with severe meningeal symptoms, and finally the child recovers without leaving any trace of this infection, so that these cases are really very puzzling, especially those in which we have a rise and fall of temperature with either mild pulmonary or moderate gastric-enteric complications.

Older children have attacks similar to those witnessed in adults, that is, the neuralgic pains are less marked, but there is back-ache, at times rigors. The attack is always sudden, the temperature running up to 103° F. or more, there may be sore throat, headache, injected conjunctivæ and earache. Frequently the tonsils are enlarged and covered with small follicular points resembling diphtheria. The glands in the neck may be enlarged, secondary to the tonsillitis. An interesting point is that an eruption similar to scarlet fever may be present, and the rash disappears in a short time. Retro-pharyngeal

abscess is a very frequent sequela to influenza, and occasionally empyema may be secondary to a severe attack of the grippe.

Let me illustrate: A child, R. F., 7 months old, was attended by Dr. A. Bienenstock on March 9th with a diarrhea and an acute bronchial catarrh. Two days later he found the lower lobe of the left lung consolidated and the bronchi full of mucus. The treatment ordered did not relieve the engorgement of the lungs. The child did not improve, but had a coryza, cough, suffused eyes, temperature 101.6; as Dr. Bienenstock told me, had all the appearances of a child about to develop measles. But an additional symptom, when the child was touched it commenced to scream.

I saw this case in consultation with Dr. Bienenstock, and found the entire left lobe consolidated and diagnosed influenza of the pulmonary type. I ordered salicylate of soda 3.0 with essence of pepsin 60.0, a teaspoonful every two hours. This child recovered in a few days, but an older child developed similar symptoms of coryza, cough, pains, tenderness on being handled, anorexia, suffused eyes, and in addition abdominal pains.

The interesting fact about these two children would hardly be made clear but for the point that the mother had been suffering with headache, cough, coryza, pains in the limbs and back for about a week. It was self-evident from the influenza present that the mother had infected the child, and about two days later the older child was infected from either mother or its younger sister.

Such cases can be enumerated by the dozens. On March 4th I saw a case in consultation with Dr. Samuel Friedman which was characteristic of a most malignant type of influenza, complicated by a pneumonia, and also by a typical meningitis; child about 2 years old.

Two days later, through the courtesy of Dr. L. Kohn, I saw in consultation a case of a mild type of a catarrh which extended from the nose and throat into the bronchi, simulating a croupous bronchitis, really a malignant form of influenza. Such cases occur so frequently that we must differentiate carefully, and resort to the process of exclusion in making the diagnosis.

The treatment of influenza is very simple. I invariably resort in all cases of influenza to the stimulating effect of a mustard foot bath, by taking about an ounce of the strongest mustard, putting it in water of about 90° F., and with this bathing the feet and constantly raising the temperature of the water by the addition of hotter water until the temperature reaches 110° F. The bath should continue for five minutes and be followed by gentle friction of the extremities, which must be carefully enveloped in hot towels or

blankets. In addition to this, it is a good plan to aid diaphoresis by giving liquor ammonii acetatis, a teaspoonful every two or three hours for children 1 to 2 years old; one-half the quantity for children below that age. The drug most favored by me is salicylate of soda. I give one grain for each year of age, every two or three hours, depending upon the urgency of the symptoms, so that a child five years old would receive five grains every two or three hours, and a child 10 years old ten grains every two or three hours.

The ordinary rules of therapeutics apply in influenza as well as they do in all other diseases; thus, for example, the alimentary tract must be kept perfectly clean, and if there is not a good movement once in twenty-four hours, the compound infusion of senna should be given to a child in doses of three or four teaspoonfuls in three or four hours, and if this is not followed by copious stools, then an enema consisting of a half a teacup of glycerine and one-half teacup of warm water should be administered quite high into the rectum. By placing the child on his side this can be easily accomplished.

The diet should be bland, and solid food excluded throughout the course of an attack of influenza. The best mode of feeding is to give concentrated soups, farinaceous food, soft eggs, oysters, milk, broths, kourmyss.

For the severe pains in the limbs I have found gentle massage, in some cases with vaseline, in others with alcohol, using the massage two or three times a day over the back, arms and legs.

Whilst stimulation is not called for, it is a wise plan to administer alcohol occasionally. But if the pulse is feeble, then I have seen good results following the administration of one-half teaspoonful of whisky in a teacupful of boiled milk, with the addition of the yolk of a raw egg in sugar. This milk punch, as it were, can be given in doses of two or three teaspoonfuls ice cold. In other cases Tokay wine may be required, and in influenza, more than in any other disease, we find that it is necessary to individualize the treatment.

Death from Antitoxin.—A case of death from the use of antitoxin is reported from Wheelersburg, O. On the 22d of March a practitioner, who has had considerable experience in the use of serum, injected the usual prophylactic dose over the scapula of a sleeping child of five years. An hour before he was known to be in perfect health. In less than five minutes the doctor was summoned from an adjoining room to find the child dead.—*Med. News*, 1896, *lxviii*, 415.

FIBROID DISEASE OF THE HEART IN AN INFANT
TWELVE MONTHS OLD—SUDDEN DEATH—GEN-
ERAL TUBERCULOSIS.

By GEORGE CARPENTER, M. D.

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HAROLD E., aet. 12 months, was admitted to the wards of the Evelina Hospital on February 12, 1896, for disease of the hip joint of four months duration. In September, 1895, the dorsum of the left foot and the left hand and wrist became swollen for about three days—there was an absence of redness, and

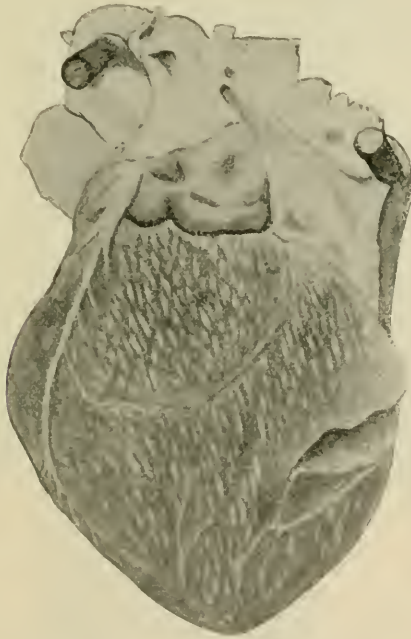


FIG. 1. Dr. George Carpenter's Case of Fibroid Disease of the Heart in a Child Twelve Months Old.

the mother thought the child did not suffer any pain at this time. The child's maternal grandfather and paternal great-grandfather died of consumption. During life an examination of the heart and lungs did not reveal anything of importance. Whilst under observation his temperature was always above normal!—the greatest rise

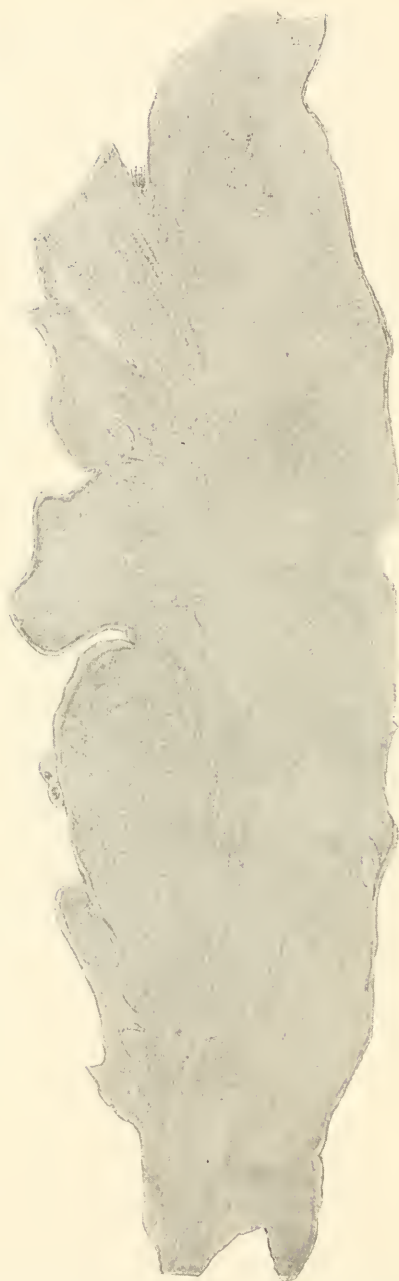


FIG. 2. Dr. Carpenter's Case of Fibroid Disease of the Heart. x10.

was 101° F. He died quite suddenly on February the 14th, some forty-eight hours after admission.

Autopsy—Lungs. Scattered miliary tubercles were found throughout both lungs, especially at the bases. The lymphatic glands, the liver and the spleen presented numerous miliary tubercles on section. The synovial membrane of the hip joint was thickened. *Heart.* The pericardium contained an excess of fluid—the surface was smooth. The left ventricle was dilated, and scattered through its wall were a number of white areas, some rounded,

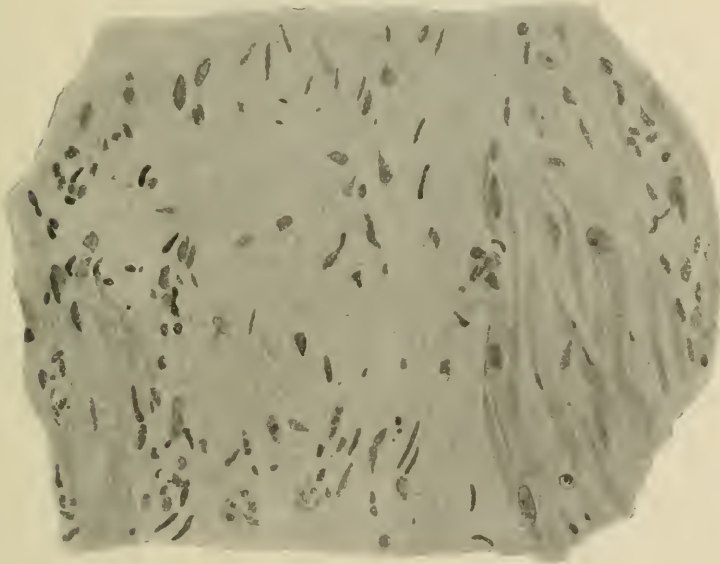


FIG. 3. Leitz Obj. 7, Oc. 1.

others long and narrow, and many of them seemed to pass from the pericardium to the endocardium. The muscular substance, where not involved, looked healthy. There were two or three small round spots of infiltration in the substance of the right ventricle. The valves were normal. There was a valvular orifice at the foramen ovale.

Microscopical Examination.—Areas of new growth invaded and broke up the muscle bundles, from pericardium to endocardium; they were of varying sizes and, when the microscopic sections were held up to the light, it was seen that the outer half of the heart wall

had been involved to the greater extent. Under the microscope were seen :

1. Wavy bundles of fibro-nuclear tissue with elongated wavy nuclei, sometimes surrounding small islets of muscle tissue or invading the muscle bundles and separating straggling muscle fibres

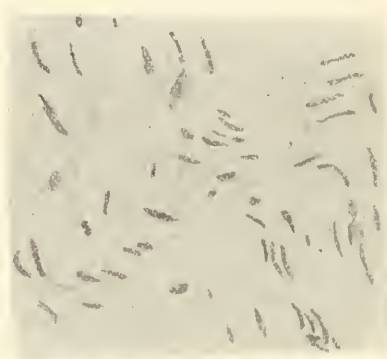


FIG. 4. Leitz Obj. 7, Oc. 1.

from their fellows, and, here and there, showing dense nuclear aggregation. Some of the muscle fibres thus isolated showed transverse striation, but in a few this appearance was lost and they were attenuated and opaque.

2. Areas where the connective tissue fibrillæ were not so marked, though the nuclei were numerous and stained very well indeed.

3. Areas of varying sizes with increase of irregularly shaped nuclei in the intermuscular fibrillæ. The muscle corpuscles in such, in some instances, appeared quite large.

4. Areas, though few and far between, of perfectly healthy muscle fibre and connective tissue.

5. The endocardium much increased in thickness, the pericardium, where not joining the sclerosed tissue, unaltered. Although the endocardium was thickened, the passage to it of sclerotic offshoots from the neighboring muscular fibres was not a feature, but a nuclear increase in these was not uncommon, together with an undue separation of them one from another. The thickening often appeared quite independent of, or out of proportion to, any underlying mischief.

Fig. 1 shows the left ventricle pinned out on a board, the infiltrated areas, depicted as white dots and streaks, are well seen.

Fig. 2 shows a microscopical section, slightly magnified, of the left ventricle reaching from pericardium to endocardium. The thickening of the latter and the extensive involvement of the muscular substance with new growth is well shown.

Fig. 3 is taken from an area which is highly magnified and which shows fibro-nuclear infiltration, the invasion of the muscle fibres with new growth and consequent attenuation of these and, to the right of the drawing, two fibres revealing opacity and loss of striation.

Fig. 4, also under a high power, is from an area where the fibrous tissue was most marked.

Fig. 5 shows muscle fibres which are but slightly involved by intermuscular increase of nucleation, but there is a very obvious collection of nuclei at the left side of the drawing—some of the muscle fibres are healthy.

Remarks.—When I first saw the specimen I thought the areas represented in figure 1 were tubercular, nor do the microscopical appearances disprove the original idea. The occurrence of tubercle in muscle is sufficiently rare to hinder the acquirement of knowledge as to the behavior of tubercle in muscular tissue, and this is especially the case when the part involved is heart muscle. The fact that tubercle can and does undergo fibroid changes in other organs, the lungs and testicles for example, is quite sufficient to render it at least probable that fibrosis might occur in the heart under similar conditions. The absence of caseating areas in no way opposes this view, for tubercle and syphilis in this respect behave very much alike; sometimes, in the latter, there is a gumma with caseation, sometimes an interstitial fibrosis; and so it is with tubercle and, admitting this, it is manifestly unwise to deny the tubercular origin of the lesion, seeing that there were tubercles in other parts of the body in some profusion. Chronic myo-carditis is exceedingly rare in children; and the extreme youth of this patient and the extensive area involved make the case one of unusual interest, quite apart from the interest which attaches to the true explanation of its causation. There was no evidence, clinically or otherwise, that the patient was suffering from congenital syphilis; but it cannot be said that he never had an attack of rheumatic fever—rare as it is to be able to diagnose this disease in so young a child—indeed, I think it might be fairly inferred, from the history of the case, that he did suffer from that disease in September, 1895, and if that be granted then it could not be denied that the cardiac mischief was not of rheumatic parentage.



FIG. 5 Leitz Obj. 7, Oc. 1.

Whatever views may be held as to the cause of this disease in this particular case it will be admitted that the microscope, whilst capable of pointing out the nature of the change, is here unable to decide between the rival claims; and something may be said for and against either the tubercular or the rheumatic origin of the complaint—there can be no cavilling as to its rarity, and as to the propriety of the use of the term fibroid disease of the heart which, whilst accurately describing the changes discovered in the heart, is non-committing in the way of explaining its causation.

If it be admitted that the chronic myo-carditis was tubercular then this disease must be added to the list as a possible cause of that extremely rare disorder in children, fibroid disease of the heart.

Boy Poisoned by Transfer Pictures.—An adjourned inquest was held at Seaforth, Liverpool, on Friday, 20th inst., on the body of a boy of four who died recently from irritant poisoning. The lad had been using "transfer pictures," highly colored devices sold in toy shops, popular amongst children. These are made in Germany, and are usually licked with the tongue and pressed on the hand, the colored impression being thus transferred. Since the first sitting of the jury an analysis of these pictures was made, with the result that they were shown to contain lead. The jury found this was the cause of death, and made a presentment that the sale of such pictures should be stopped.—*Pharm. J.*, 1896, p. lxix.

A Physician's Heroism.—We read in the *British Medical Journal* that Dr. Ernest Helby saved a child's life at Croyden Fever Hospital by sucking the diphtheritic membrane from its throat after tracheotomy had been performed. The doctor contracted the disease and for some time his life was in danger. He finally recovered under antitoxin treatment. We scarcely know whether such action is worthy of praise or blame. We become so accustomed to universal selfishness that the discovery of a hero comes as something of a surprise. The highest type of self-sacrifice, the willingness to risk one's own life for that of another, cannot fail to call forth our highest admiration. However, such instances as this—the results are not always as felicitous—raise a question in casuistry. Is not the life risked or sacrificed worth more to humanity than the life saved? Is it right for a physician to risk sacrificing those dependent upon him? We would not be chary of praise, but we suggest that the necessity of such risk must be decided by the individuals personally concerned.—*Med. Rec.*, 1896, xlix, 558.

PRACTICAL NOTES.

Bone Marrow Failing in Pernicious Anæmia.—One is not surprised, however, when one hears of bone marrow failing in pernicious anæmia, since it is not obvious how the marrow is expected to act. Bertram Hunt gives notes of three cases of pernicious anæmia unsuccessfully treated with bone marrow. During the time it was tried there was no increase of corpuscles or of hæmoglobin in the blood of any of the patients. Although bone marrow failed, one of these cases is interesting as an illustration of the marked improvement that sometimes follows the use of arsenic. The patient was given Fowler's solution, first in quantities of nine minims a day, rapidly rising to seventy minims. The hæmoglobin rose from 26 per cent. to 48 per cent. in three weeks. The large doses of arsenic caused the development of some peripheral neuritis, and the drug was discontinued. The improvement, however, was maintained, and the hæmoglobin reached 75 per cent. of the normal at the end of another fortnight, when the neuritis had apparently disappeared.—*Bristol Med.-Chir. J.*, 1896, *xiv*, 48.

Epilepsy.—The following formula was recommended by Brown-Séquard as a remedy for epilepsy :

Sodium bromide,	gr. 180.
Potassium bromide,	gr. 180.
Ammonium bromide,	gr. 180.
Potassium iodide,	gr. 90.
Ammonium iodide,	gr. 90.
Ammonium carbonate,	gr. 60.
Tincture of calumba,	$\bar{\text{z}}$ 1½.
Water, sufficient to make	$\bar{\text{z}}$ 8.

Mix. Adult dose, 1½ teaspoonful before each meal, and 3 teaspoonfuls at bedtime.—*Practitioner*, 1896, *lvi*, 448.

Foreign Bodies in the Ear.—The following remarks from the article, "Otology," by Dr. C. H. Burnett, in *The American Year-Book of Medicine and Surgery*, p. 835, are intended for the guidance of the general practitioner: In regard to foreign bodies in the ear,

the first and important injunction is to be sure that there is a foreign body in the ear before endeavors are made to extract it. Much damage has been done to the ear by groping after a foreign substance said to be in the ear which was not there and never had been there. In no case should any one not a specialist use any form of surgical instrument to extract a foreign body from the ear. If a living insect has entered the ear, a few drops of sweet oil will smother it, and it may then be syringed out with warm water. If an inanimate substance has been placed in the ear, as is often done in play by children, syringing with warm water will generally remove it if the ear has not been previously scratched by probes or forceps. If the latter has been done, the child should be etherized and the foreign body removed by an expert. There is no hurry demanded in such cases. The foreign substance had better be left in the ear indefinitely than to apply rough measures for its removal. What a child can slip into the ear in play can be easily removed if the physician first called knows how to do it. Unless he knows what to do and what not to do, he had better do nothing. It will be better to send the patient to the nearest aurist than to do the wrong thing for relief. Death has occurred by unskillful endeavors to remove a foreign body from the ear of a child. Not the foreign bodies in the ear, but the improper treatment is the cause of death in such cases. The instillation of oil into the ear for the removal of foreign matter from it is futile. If, as sometimes happens in tropical countries, the larvæ of flies are present in the ear, a drop or two of chloroform or ether should be put into it.—*Practitioner*, 1896, lvi, 444.

Itching, which is so often found in connection with eczematous conditions of the anal and genital regions, can be greatly relieved, according to Dr. Cantrell, by the use of an ichthyol wash ranging in strength from 1 to 2 drams to the ounce of water.—*Phila. Polyclinic*, 1896, v, 136.

Scarlatina Antitoxin.—Dr. A. BAGINSKY has made a report upon fifty-seven cases of scarlatina treated at the Kaiser Friedrich Hospital by the Marmorek antistreptococcus serum. This serum, a supply of which had been sent to the speaker from Paris by its inventor, acts only against the complications of scarlet fever which are due to the presence of the streptococcus. According to Marmorek, who has treated one hundred and three cases with the serum in doses of from ten to eighty grams, the remedy not only cures the complications but prevents their occurrence. The results of Baginsky's experiments with the serum were as a rule favorable. With

the exception of a few cases in which the remedy had absolutely no effect, for example, that of a child with glandular suppuration, in whom sixty cubic centimetres had been injected, most of the patients recovered without any complications. The number of cases is yet too small to allow of a definite opinion concerning the value of the antitoxin, but the remedy was employed sufficiently often to show that it is without injurious effects, since no untoward symptoms, such as collapse and the like, were observed.—*Med. Rec.*, 1896, *xlix*, 570.

Diarrhea.—In cases of gastro-intestinal disturbances in children, when there are evident symptoms of intestinal indigestion, with mucous stools and diarrhea, the following combination is given by Dr. TAYLOR :

Lime water.....	} equal parts.
Cinnamon water.....	
Aromatic sirup of rhubarb...	

Mix.

DOSE.—According to the age of patient.

In many cases it has been found necessary to stop all articles of food that will ferment, milk included. Many of these patients do best on a diet of animal broths alone. Well made clam broth is particularly good.—*Phila. Polyclinic*, 1896, *v*, 156.

The Evils of Bakeshops.—At a meeting of the Ladies' Health Protection Society, held recently, Mr. Thimme, editor of the *Bakers' Journal*, read by invitation a paper on "The Evils of Bakeshops," in which he said that there were two thousand bakeries in this city, most of which were located in cellars that had never been originally intended for such use, and they were not only badly ventilated, but were the favorite haunts of cockroaches, spiders, mice, and even rats. Coal dust and other matter floated around the places, making them unhealthy as workshops and rendering it altogether impossible that wholesome bread could be produced under such conditions. Bakeshops were often the sleeping-places of the employees, and were not more than six feet from floor to ceiling. As an evidence of the danger of such places, the speaker said that some samples of bread from these bakeshops had been found to contain thirteen varieties of living micro-organisms. In case of contagious disease among the occupants of these cellars, there was no reason why the elements of contagion might not be distributed broadcast through the city in the bread there baked.—*Med. Rec.*, 1896, *xlix*, 561.

Editorial.

RECENT ADVANCES IN ANTENATAL PATHOLOGY.

IT was inevitable that antenatal pathology should lag in the rear of the more immediately practical branches of medical study. The investigation of the diseases and deformities of the unborn infant was unavoidably difficult, and the few workers who gave themselves for a time to such researches made no discoveries of such importance as to tempt others to follow in their footsteps. The subject also was financially unprofitable, for manifestly the health of the father or mother, or even of the baby of a year, was of infinitely greater immediate value than was that of the infant in utero. There was no call for a specialist in the diseases of the unborn infant.

There are now signs that brighter times are in store for the student of antenatal maladies. In one European nation, at least, the practically stationary condition of the population is enhancing the value of foetal life, and strenuous efforts are being made to save alive even premature and weakly infants. Where large families are the rule one or two abortions pass unregarded, but where children are few even six months' foetuses have a value. It is necessary, then, to know about antenatal disease if we would conserve antenatal life.

This, however, is not all. For some years back signs have not been wanting which have shown that antenatal pathology is not an isolated and obscure branch of study interesting only to the curious, but is an integral part of the larger division of general pathology, and is governed by the same laws, whilst exhibiting a diversity of phenomena. It may, therefore, be confidently anticipated that its investigation will throw light, not only upon its own problems, but also upon the wider questions which interest pathologists, physicians and surgeons alike.

From the point of view of its pathology, antenatal life may be divided into three periods. The first is the time before the union of

the ovum and the spermatozoon is effected; during this period the germ-cell and the sperm-cell, like the other cellular elements of the maternal and paternal organism, may have morbid tendencies impressed upon them, and the results of the pathology of this sort of dual pre-existence may be found in the diseases of intra or of extra-uterine life, even of advanced extra-uterine life. The second period is that which extends from impregnation to the appearance of physiologically active organs in the embryo, or, roughly speaking, till the second month of pregnancy. During this time, also, morbid causes may be at work, and we have reason to believe that their results are solely, or nearly solely, teratological. The third and last period of antenatal life extends from the appearance of individually active organs in the embryo to the birth of the full-time foetus: this is the epoch during which pathological conditions lead to the development of foetal *diseases* as distinguished from foetal monstrosities.

There is good reason to believe that the same morbid causes are in action during antenatal as in post-natal life, and in the first and second periods of antenatal life just as in the third and last epoch of it; but, whilst the causes are the same, circumstances prevent the results being similar. In the third or foetal period of antenatal existence the same kinds of diseases are met with as in extra-uterine life—there may be inflammations of the various organs, the germs of disease may set up tubercular or syphilitic changes, and the infectious fevers may be met with in various stages of evolution—but there are certain differences, not as yet very fully understood, which are doubtless due to the peculiarities of the environment of the foetus at this time. The scarlet fever of the foetus is the scarlet fever of the adult, as far as *cause* is concerned, although the fact that the body of the foetus is surrounded by the liquor amnii and not by the atmosphere may modify certain of its *manifestations*. Can the same generalization be made about the pathology of the second period of antenatal life, the embryonic? I believe that it can. For many years back it has been known that monstrosities can be artificially produced in the chick by altering the normal incubation conditions; the researches of Dareste, Lombar-

dini and others have definitely shown this; but it is only within quite recent times that Féré* has shown that the same results can be produced by injecting into the eggs pathogenic germs and their toxins as well as such purely chemical substances as alcohol, ether, acetone, and nicotine. That is to say, the substances which act as the causes of disease in extra-uterine and in later intra-uterine life act as the causes of monstrosities in early intra-uterine life. The same causes are in action in both periods; but whilst when acting upon the body with its organs functioning they lead to disease, when acting upon the embryo, with its organs in process of formation, they produce teratological effects. The causes are the same, but in the one case the results are *pathological*, in the other *teratological*. What produces a *disease* at the one time leads to the formation of a *monstrosity* at the other. Teratology, then, is the pathology of the embryo: as Duval † has said, "La teratologie est donc bien un chapitre, mais un chapitre tout particulier, de la pathologie." This is a most important generalization, for it brings the study of teratology out of its obscurity and places it in line with the rest of pathology; and it enables us to experiment with the causes of disease in cases in which the organism acted upon is simpler and more completely under control. Possibly, also, it will be found that the causes which are most powerful teratogenically are also most active pathogenically; but this can scarcely yet be affirmed absolutely.

Can we now extend this generalization to what may be called the pathology of the germ and sperm cells? It may be said that there is at least some evidence pointing toward this conclusion. Special allusion may here be made to the researches of Charrin and Gley (*Arch. de physiol.*, Jan., 1896) on the hereditary action and teratogenic influence of microbic products. These observers vaccinated rabbits with the soluble products of bacilli (those of the microbe of blue pus were used) and thereafter allowed these animals to breed for several generations, placing them under the same external conditions as a series of unvaccinated animals which served as check-observations. In the descendants of the vaccinated animals two

* Fere (Ch.) *Compt. rend. Soc. de biol.* (Paris), 1893, 1894 and 1895.

† Bouchard's *Traite de Pathologie generale*, i, p. 164, 1895.

kinds of phenomena were met with—immunity to the pyocyanic disease in a certain number of cases, and the occurrence of malformations (hemiterata) in others, and of sterility, abortion, and mortinatality in still others. Such experiments show that morbid states may be impressed upon the germ before impregnation, that new pathological tendencies may be grafted in and be transmitted through several generations, and that these results may be brought about by the same means (soluble products of microbic action) as cause some forms of disease in later life and monstrosities in the embryonic epoch.

It is, therefore, fair to suppose that the causes of disease, monstrosities, and hereditary morbid states are similar, and that the differences in the nature of the results are due to differences in the organisms acted upon and not in the causes acting. Further, a consideration of these discoveries leads us to look in new directions for the etiological factors of hereditary morbid conditions, malformations and foetal disease in the human subject. We must now pay greater heed to the occurrence of syphilis, tuberculosis, and acute infective processes in the parents and even in the ascendants further back, and to the effect of alcohol and other chemical toxic agents upon the ovum both before and after impregnation if we would lay bare the secrets of antenatal pathology.

J. W. BALLANTYNE, M. D., Edinburgh.

Electrical Alarm for Infants.—According to a French journal an inventor has devised an electrical arrangement which consists of a microphone placed near the head of a baby in its cradle and connected to a sort of relay which operates an electric bell placed near to where the nurse is asleep; a cry from the child will therefore cause the bell to ring.—*Pop. Sc. News*, 1896, xxx, 106.

Interstitial Myocarditis Due to Syphilis.—HEKTOEN records (*J. Path. and Bact.*, 1896, iii, 472) a case in a child six weeks old, and mentions that only eleven other cases have been recorded. In two of these eleven cases sudden death occurred when the children were considered to be in good health—a noteworthy fact, since it shows that this disease in the child may lead to the same abrupt arrest of heart action that frequently occurs in the adult when the heart is affected with syphilis.—*Brist. M.-Ch. J.*, 1896, xiv, 50.

Society Reports.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON PEDIATRICS.

Stated Meeting, March 12, 1896.

Two Cases of Cretinism.—DR. EMILY LEWIS presented two cases of cretinism, seen at the Good Samaritan Dispensary, in the service of Dr. H. Koplik. The first one, Fanny L., twenty months old, had a negative family history. When two or three weeks old the child had been jaundiced, and at the age of three months had had an adenitis. During the preceding months it had been noticed that the child had grown stupid and indifferent, and was physically weaker. Then the child developed sores on the hands and feet, which refused to heal. The change in the facial expression had been sufficiently marked to be noticed by the friends. On April 10, 1895, the child had been brought to the dispensary for the first time. At that time there was a peculiar greenish-yellow color to the skin, with thickening of the upper and lower eyelids. The skin on the hands, arms, feet and thighs was finely wrinkled; the hair was sparse and very dry; there was flattening of the bridge of the nose; the lips were thick; the tongue was moderately thickened; there was slight puffiness of the cheeks. The child was unintelligent, took notice of nothing, could not be made to direct its attention to any object, and could not be aroused by a loud noise. The child could not hold its head erect for more than a few minutes at a time. The thyroid gland was absent. The chest was well formed. Examination of the heart and lungs was negative. The hæmoglobin was 20 per cent.; the relation of the red and white blood cells, normal as regards numbers. The body temperature was 96° F.; the extremities were very cold. On the index finger of the right hand and the thumb and fourth finger of the left hand were lesions which simulated syphilitic dactylitis. The parts were of a bluish-red color, with a pustular centre. Similar lesions were to be seen on the dorsum of the foot and lower third of the right forearm. The bowels were always constipated. The child was put on the glycerine extract of thyroid, in doses representing one-eighth of a grain, and this was increased one-eighth of a grain on alternate days. In two weeks the child showed improvement, not only in the anæmia,

but in the puffiness of the eyelids and the greater regularity of the bowels. In one month the sores were healed, the color was markedly improved, the thickening of the lips had diminished, and the voice had become more natural. On June 16 the child cut her first tooth. About July 1st she was taken ill with acute intestinal catarrh, and, as she recovered very slowly from this intestinal disturbance, the thyroid extract was discontinued for three months. During this time there was a return of all the symptoms of myxœdema, the stupidity, the pallor and the puffiness, and the sore on the thumb reappeared. The thyroid treatment was begun again, and slowly increasing the dose. By December 1, 1895, the child was well, and had remained so ever since. It was now on a permanent daily dose of half a grain of the thyroid.

The second child, Fanny G., thirteen months old, was a very much more marked case of cretinism. The psychical condition was very much the same as in the first case, and the pallor of the skin was also noticeable in this child. There was marked thickening of the tongue and lips, and the mouth was constantly kept open. The thyroid gland could not be detected on palpation. The wrinkling of the skin of the extremities and of the back was very evident. The rectal temperature was 96° F. The hair was very dry and matted. The voice, and especially the cry, resembled a bark. The bowels were constipated. The hæmoglobin was 18 per cent., and the relation of the red and white blood cells was normal. The baby was put upon the thyroid extract, and improvement was noted in a week. The child gradually grew intelligent, the pallor disappeared, and there was a new growth of fine, silky hair. At the present time the rectal temperature was 98° F., and the child seemed good-natured and happy. It was now taking three-fourths of a grain of thyroid daily.

Dr. Henry Koplik said that he had noticed that as soon as these cretins were put upon the thyroid extract, the extreme anæmia began to improve rapidly.

Dr. G. M. Hammond said that these were the first cretins that he had seen at this age. He had observed altogether five cretins, three of them having been in one family. All of them had exhibited a greatly stunted growth and marked deficiency in intellect. For this treatment, with the thyroid extract to be effectual, it must be begun in early life. In a recent paper by Dr. Noyes, in which were reported the treatment of persons over thirteen years of age by the thyroid extract, there had been nothing like the same improvement noted as in the patients just presented.

"Retropharyngeal Abscess of Infancy and Childhood--A Revised Classification of Treatment Based Upon Etiology."—DR. HENRY KOPLIK read a paper with this title. He said that it represented his experience with 76 cases. As the retropharyngeal space was not as long in infants as in the adult, symptoms due to pressure on the larynx were observed at an earlier stage in infants and children. He divided retropharyngeal abscesses into (1) acute abscess, pointing wholly internally; (2) abscesses pointing wholly externally; (3) abscesses forming chiefly an external tumor, and (5) the burrowing septic abscesses, such as are seen in cases of scarlatina. The various forms of stomatitis, and affections of the tonsils and nasal passages must be looked upon as etiological factors. Animals injected with streptococci obtained from these retropharyngeal abscesses were found not to die of sepsis, showing that these streptococci were benign. That acute retropharyngeal abscess is especially a disease of infancy was well shown by the fact that out of the 76 cases only one was as old as nine years. It is most frequent during the period of suckling, and is quite uncommon after the second year. In infants suffering from this affection, the voice or cry would often be greatly changed; the child would refuse to nurse; its head would be thrown back, and there would be difficulty in breathing. Inspection of the fauces would often show a distinct prominence to one or the other side, but this might be due to the vertebrae rather than to an abscess. By digital examination alone could the diagnosis be made with certainty, but this examination should be made with gentleness, otherwise it may cause great prostration, or possibly even rupture of the abscess, and suffocation from the discharge of pus into the larynx. Dr. Koplik said that his experience had led him to believe that many writers had exaggerated the danger of leaving these patients to Nature. He did not favor this let-alone treatment, but certainly there did not appear to be such great risk from allowing the abscess to open spontaneously, for it usually did so by a minute opening, and hence there was no great danger of suffocation from the discharge of the abscess while the child was asleep. There is much difference of opinion regarding the best method of treatment, some favoring internal incision, and others the external incision. In the vast majority of his cases, namely, those opening in the middle line of the fauces, the internal incision gave immediate relief. With a bistoury, wrapped with adhesive plaster to within half an inch of the tip, an incision is made longitudinally from above downward. While this is being done, the assistant holds

the infant, face downward, so that the pus may escape from the mouth. The discharge is facilitated by making pressure externally on the neck. The incision should be enlarged with forceps. In cases in which the deep cervical glands are involved, as indicated by the extensive external swelling, it would seem better practice to approach it from without, carefully dissecting from without inward.

DR. WILLY MEYER said that he would divide retropharyngeal abscesses into: (1) Acute idiopathic; (2) tuberculous; and (3) septic abscesses. As we could not be sure that Nature would prove competent to effect a cure, an operation was indicated, and, from our present surgical knowledge, it certainly did not seem to be good surgery to incise the abscess internally, for under these circumstances it was very difficult to keep the wound antiseptic and prevent aspiration of pus. He did not think, therefore, that the internal incision should be used for infants over one year old. It should be just as much within the power of every physician to make the external as the internal incision. The external incision should be made along the inner side of the sterno-mastoid muscle and the dissection continued down to the carotid artery. It is safe to make a small incision to the inner side of this artery. It had been advised to make the incision posterior to the sterno-mastoid muscle, but he had never employed it, as he had found it perfectly easy to reach the common carotid artery in the manner first described.

DR. C. C. COAKLEY said that he had long been of the opinion that the infection came from the tonsil in many of these cases. The lymph nodes of this region were quite small, and it did not seem to him probable that suppuration in them would cause the very large retropharyngeal abscesses. In children these retropharyngeal abscesses were prone to simulate peri-tonsillar abscesses. These retropharyngeal abscesses occur for the most part in infancy when the little one is usually in the recumbent position, hence it is easy for a tonsillar or peri-tonsillar abscess to be forced back into the retropharyngeal space. He thought that in the majority of cases these abscesses were best opened by the internal incision, and for this purpose he preferred to use the ordinary gum-lancet, passing it close to the guiding finger while the child is inverted.

DR. EMIL MAYER said that during fifteen years of work in a large throat clinic he had not seen more than five or six cases of retropharyngeal abscess; probably this was because most of these cases are brought to clinics for diseases of children. In his experience torticollis had been a prominent symptom, and it had also been a common experience to find that, although seen previously by other

physicians, a correct diagnosis had not been made. He fully agreed with Dr. Willy Meyer in limiting the use of the external incision to children over a year.

DR. J. LEWIS SMITH thought that a more accurately descriptive term for this condition was peri-pharyngeal abscess, and he would simplify the nomenclature by dividing all these cases into two classes, viz. : (1) those due to disease of the bone ; and (2) those in which there is no bone disease. The first class should be treated by external incision ; the second class by internal incision. Difficult breathing, resembling that of croup, was often an early symptom, but it could be differentiated from croup by noting that the obstruction was evidently higher up. The diagnosis was most easily made by digital exploration. He could not indorse an expectant plan of treatment, for he could recall two cases that had terminated fatally as a result of adopting this waiting policy.

DR. W. L. STOWELL said that it was important to examine the throat for retropharyngeal abscess in all cases in which torticollis was a symptom. He had never found it necessary to resort to the external incision.

Superstitions about Babies.—The Manx people believe that it will dwarf or wizen a baby if any one steps over it or walks around it.

In some parts of England people bind up the infant's right hand that it may have riches when grown.

In Yorkshire, England, a new-born babe is placed in a maiden's arms before being touched by any one else, in order to insure good luck.

In South America, a book, a piece of money, and a bottle of liquor are placed before the infant the day it is one year old, to ascertain its bent in life.

A baby is considered lucky in Scotland if it handles its spoon with its left hand, and it will be perfectly happy and successful if it has a number of falls before its first birthday.

In the north of England, when a child is taken from a house for the first time, it is given an egg, some salt, and a small loaf of bread, and occasionally a piece of money to insure it against coming to want.

In Germany it is considered necessary that a child should "go up" before it goes down in the world, so it is carried upstairs as soon as born. In case there is no upstairs, the nurse mounts a table or chair with the infant.—*Annals Hygiene*, 1896, xi, 257.

Book Review.

THE DISEASES OF CHILDREN'S TEETH, THEIR PREVENTION AND TREATMENT—A MANUAL FOR PRACTITIONERS AND STUDENTS.

By R. DENISON PEDLEY, F. R. C. S. and L. D. S.,

Dental Surgeon to the Evelina Hospital for Sick Children, London. London, Segg & Co., 289 and 291 Regent Street, W.; America, S. S. White, Chestnut Street, Philadelphia.

THIS is a subject which the medical practitioner is too apt to ignore, and we are reminded by the author in his preface that the dental department of the hospital is sadly neglected by the student of medicine. It is only when settling down in practice that "the practitioner finds much reason to regret the absence of a knowledge of diseases of the teeth, and the means by which they may be prevented."

The introductory chapter gives an epitome of the subjects dealt with, the author claiming consideration for "the connection between diseases in childhood and abnormal dental conditions," owing to the prevalence of disorders of the digestive tract during infancy and childhood. Situated as the teeth are, at the very entrance of the alimentary tract, and concerned, as they are, in the function of nutrition, it becomes a matter of vital importance that their preservation in a state of functional integrity should be the first care of those who are consulted upon or find themselves charged with the management of cases in which there is faulty assimilation."

The first chapter deals with the structure of teeth, the second with their eruption. Here the author discusses freely the evils arising during teething due to reflex irritation, and under certain conditions recommends the use of the gum lancet. A useful table is introduced showing the periods of eruption of temporary and permanent teeth.

Chapter III contains an account of caries and its causation. The reader is reminded that the teeth owe their density to the deposition of lime salts during development; that their destruction, although receiving the name of caries, is not a similar process to that which takes place in bone. Caries commences on the outer surface of the teeth, is due to the action of micro-organisms on food left between or about them. Fermentation follows with the production of

acids which attack weak spots in the enamel, bacteria find their way into the softened tissue, and disintegration takes place with exposure of the pulp and its concomitant evils.

Inflammation of the pulp, of the periodontal membrane, alveolar abscess, necrosis and other sequelæ are carefully considered. Clinical cases are freely introduced showing the results of neglected mouths and emphasizing the facts that pyæmia and death may follow.

There is a long account of irregularities of the teeth in structure, form, number and position. In order to make the text quite clear, this chapter is profusely illustrated.

The chapter on the hygiene of the mouth should be interesting to both medical practitioners and dentists. In dealing solely with preventive treatment, he clearly shows what can be done by the medical practitioner to ameliorate "a large amount of unnecessary suffering, the result of dental diseases." The hygiene of the mouth in the home, the school and the hospital ward is considered, also the relationship which exists between dental and other diseases.

The author lays much stress on the necessity for cleansing the temporary teeth after *every* meal. Also that carious temporary teeth should be sought for and treated, as they "have to serve the purposes of mastication during the most important period of a child's existence," and that if neglected they often spoil their successors or interfere with their eruption. The prevalence of dental caries is emphasized by the results of an examination by the author of 3,800 children in the poor law schools, between 3 and 16 years of age. Only 828 had sound dentitions, the remaining 2,972 children having 10,695 carious teeth between them. The prevalence of caries of the teeth among the sick is shown by the results of an examination of 306 children in the wards of the Evelina Hospital.

Cases are given of chorea, diarrhea and sapræmia, showing how these may be kept up, and their rapid disappearance when carious teeth were treated.

The following statement will come as a surprise to most medical men: "There is strong reason to suspect, and even to believe that many of the diseases of the nervous system, diseases of the respiratory organs, diseases of the alimentary canal, may be due, in some cases directly, in others indirectly, to the fact that the masticatory organs have been neglected."

A long chapter follows on treatment. The various instruments required in the stopping and extraction of teeth are well illustrated, and the methods are described for operating when no efficient dental aid is to be obtained. A copious index is added, which should add to the value of the book.

GEORGE CARPENTER, M. D.

NOTES ON TREATMENT.

INTESTINAL WORMS.

Anthelmintics are usually irritants, and in many of those diseases which simulate the verminous affection, but are distinct from it, there is already an irritated, if not an inflamed, state of the intestinal mucous membrane.

Vermifuges administered under such circumstances obviously do harm. It is thus that many lives are lost by the use of anthelmintic nostrums, which are extensively advertised and which command a ready sale, inasmuch as the belief in the presence of worms as a frequent cause of disease pervades all classes.

A safe rule, followed by many physicians—and it would be much better if it were general—is not to give anthelmintics unless the child has passed one or more worms, or their ova be found in the feces, and not then if the symptoms be referable to a coexisting disease. In doubtful cases, in which the symptoms resemble those of worms, a purgative dose of calomel or calomel and rhubarb may be employed. It will generally bring away one or more lumbrici or a mass of ascaris vermicularis, if either species of entozoa be present. This purgative may be safely employed if there be no previous diarrhea or debility. If, after one or two doses and a free purgation, no worms be passed, anthelmintic remedies should not be given.—J. LEWIS SMITH.

Round Worm (*Ascaris Lumbricoides*).—

℞ Ext. spigeliae fl., f $\frac{3}{5}$ x;
Ext. sennae fl., f $\frac{5}{8}$ vi;
Olei anisi, ℥ xx;
Olei cari, ℥ xx.

Mix. Sig. Two or three times daily; half teaspoonful for a child of two years, and a teaspoonful for one from four to ten years old.—C. W. TOWNSEND.

℞ Oil of chenopodium, 3 ii.

Sig. To be given on sugar three times daily, in doses of five drops, to a child of three years, and ten drops to one of ten years.

A cathartic should be given every second or third day.—C. W. TOWNSEND.

℞ Santonin, gr. ii;
Mild chloride of mercury, gr. ss.

Mix. Sig. Every night for two or three nights, to a child five or six years old, and followed each morning by a purgative dose of castor oil.—EUSTACE SMITH.

℞ Extr. spigeliae et sennae, $\bar{5}$ i;
Santonini, gr. viii.

Mix. Sig. Teaspoonful to a child of five years.—J. LEWIS SMITH.

℞ Olei chenopodii, gtt lx *vel* f $\bar{3}$ i;
Pulv. acaciae, $\bar{3}$ ii;
Syrupi simp., $\bar{5}$ i;
Aquae cinnamomi, $\bar{5}$ ii.

Mix. Sig. Give a dessert spoonful three times a day for three days, and repeat after several days.—J. F. MEIGS.

℞ Spts. terebinth. rect., $\bar{3}$ ii;
Olei limonis, gtt. v;
Mucil. gum. acac.,
Syrupi simplicis, āā $\bar{3}$ vi;
Aquae anisi, $\bar{5}$ ii—iii.

Mix. Dose: One teaspoonful every six hours.—J. LEWIS SMITH.

℞ Mucil. gum. acac., $\bar{5}$ ii;
Sacch. alb., $\bar{3}$ x;
Spts. aether. nitr., $\bar{3}$ iii;
Spts. terebinth. rect., $\bar{3}$ iii;
Magnes. calcinat., $\bar{3}$ i;
Aquae menthae, $\bar{5}$ i.

Mix. Dose: One teaspoonful.—CONDIE.

Tape-Worm (*Taenia*).—The taenicide should be given after fasting and followed in an hour by a cathartic to carry off the worm. The best taenicides are pomegranate or its alkaloid, pelletierine; felix mas; koussou; pumpkin-seed; turpentine, and cocoa-nut.

℞ Oleoresinae aspidii, $\bar{3}$ i;
Tinct. quillaiae, f $\bar{3}$ ss;
Tinct. aurantii dulcis, f $\bar{3}$ i;
Syr. aurantii, q. s. ad f $\bar{5}$ vii.

Mix. Sig. For a child five years old.—C. W. TOWNSEND.

℞ Tannate of pelletierine, $\bar{3}$ ss.

Sig. For a child three to five years old.—T. M. ROTCH.

℞ Olei terebinthinae, ʒ i;
 Olei ricini, ʒ ss.

Mix. Sig. Take in one dose.—FARQUHARSON.

Since entire expulsion of the tape-worm is effected with difficulty, preparatory treatment for about forty-eight hours should be employed before the vermifuge is administered. During this time the patient should take a mild purgative once or twice, and such food, in moderate quantity, should be allowed as leaves little residuum, as beef-tea, etc., with some stimulant if the patient feels exhausted. There are three articles of food which experience has shown to be especially useful in this preparatory treatment, perhaps from a sickening effect which they produce upon the worm—namely, salt herrings, onions and garlic. They may, therefore, be taken as food in the twelve or eighteen hours preceding the employment of the vermifuge, which it is ordinarily most convenient to administer in the morning.—J. LEWIS SMITH.

Pin-Worm, Thread-Worm, Seat-Worm.—(*Oxyuris Vermicularis*.)

℞ Magnesii sulphatis, ʒ iv;
 Syrupi rubi idaei, f ʒ ii.

Mix. Sig. A tablespoonful two or three days in the week, to be preceded by santonin, spigelia, or chenopodium. Once a day a high enema of soapy water should be given; and the folds of the anus should be carefully scrubbed with soap and water, and the following ointment applied:

℞ Acidi borici, ʒ i;
 Olei rosae, gtt. iii;
 Vaseline, ʒ i.

Mix. Sig. Apply externally.—C. W. TOWNSEND.

Thread worms are most effectually and easily removed by the use of enemata. For this purpose, lime water, or an infusion of quassia, or a solution of common salt (a teaspoonful to four ounces of water) may be employed. In using these agents the bowel should first be cleared out by a copious injection of warm water.—EUSTACE SMITH. Jacobi recommends a decoction of garlic as an enema in these cases.

℞ Santonin, gr. i;
 Compound liquorice powder, ʒ ii.

Mix. Sig. Nightly for a child four years old.—EUSTACE SMITH.

Abstracts.

DEATH RATE AMONG NEW BORN CHILDREN IN CHINA.

For the past ten or fifteen years the great mortality among new born children in Hong Kong has been repeatedly brought to the notice of the Government by medical men, but the matter has always been dismissed without action, because of the difficulties of interfering with the Chinese customs. However, Dr. F. W. Clark, of the Sanitary Board, has just brought the subject again to attention by a memorandum showing the large death-rate among infants, especially from tetanus.

Dr. Clark finds that in the Asile de la Ste. Enfance, one of the several refuges for children, there occurred during 1895 deaths to the number of 817 out of 1,075 admissions. He is careful to state that by a personal inspection he has satisfied himself that this can be attributed to neither the sanitary condition nor the management of the institution, but that it is largely due to the barbarous treatment to which many infants are subjected soon after birth, treatment including extensive cauterization over the face and body, and the administration of drastic medicines by the ignorant midwives and native so-called "doctors." He points out that the death-rate in Hong Kong of children under five years of age is no less than 26 per cent. of those living at this age period as compared with 8 per cent. in London, and mentions as a significant fact that the female infant death-rate is practically double that of the male infant death-rate.

Any suggestion that the native midwives and "doctors" should be registered is confronted with the very serious difficulty that both of these classes are mostly composed of entirely untrained persons who live upon the ignorance and superstition of the masses. To register such would be to provide a remedy almost worse than the disease. The Sanitary Board have referred the matter to the Government, with an expression of opinion that early attention is demanded by it. It is to be hoped that some check may be devised capable of limiting the action of the ignorant impostors who have hitherto been allowed to practice without let or hindrance among the Chinese population of a colony, of which a recent history bears the title, "Europe in China."—*Atlantic M. Weekly*, 1896, v, 205.

A POSSIBLE EXPLANATION OF SUDDEN DEATH
AFTER THE ADMINISTRATION OF DIPHTHERIA
ANTITOXIN, APPLIED TO THE DEATH OF THE
CHILD OF DR. LANGERHANS.

I published in the *Medical Record* of October 19, 1895, a note on the use of carbolic acid as a preservative of diphtheria antitoxin, in which, from my experience in the technique of the preparation of the antitoxin, together with a study of some animal experiments, Dr. Kortright's case and the literature of carbolic acid poisoning, I concluded that carbolic acid was too dangerous a substance to use.

The announcement of Dr. Langerhans, of Berlin, that "his son, aged 21 months, died suddenly while in perfect health, in consequence of an injection of diphtheria antitoxin," caused me to endeavor to ascertain whether the antitoxin used contained carbolic acid and by whom the antitoxin was prepared.

I sent a cablegram to Dr. Langerhans on Monday afternoon to ascertain these facts. To-day (Tuesday) I have received a reply in which he stated that the antitoxin employed contained carbolic acid and that it was prepared at the Hoechst Farbwerke.

The autopsy as reported in the *New York Sun* of yesterday gave a negative result. This was to be expected, as congestion of the brain, meninges, lungs, liver and spleen may be the only sign present when a small fatal dose of carbolic acid has been hypodermically injected.

"The minimal fatal dose of carbolic acid is not known" (H. C. Wood, *Treatise on Therapeutics*, p. 686, 6th ed.). This I have confirmed experimentally on animals and, moreover, have found the minimal fatal dose to vary.

The amount of carbolic acid employed as a preservative in a ten-cubic-centimetre dose of diphtheria antitoxin is ten cubic centimetres of a five-per-cent. solution. This is equivalent to 0.05 gram, or between three-fourths and four-fifths of a grain of carbolic acid.

The minimal dose for adults is usually considered as one grain, or 0.06 gram. Age modifies the dose. H. C. Wood (*l. c.*, p. 22) recommends the rule of Dr. Young, which, allowing the above-given dose for an adult, would for a child of 2 years make the dose of carbolic acid one-seventh of a grain. Dr. R. O. Cowling (*American Practitioner*, vol. i.) and Professor Clark (*Boston Medical and Surgical Journal*, 1872) give rules which result in the same proportion.

These deductions, applied to the child of Dr. Langerhans, who was 21 months of age, would seem to indicate that he had received

about five times the safe dose, and, inasmuch as the minimal fatal dose is unknown, perhaps a fatal dose.

I am aware that a great number of patients have been injected with diphtheria antitoxin and that no ill effects have been reported. Among these, however, are a large number who received antitoxin preserved with camphor and other harmless substances. I have met with no case among this latter class which I could include in this explanation. Moreover, it may be urged that if this explanation were true more cases would have been reported.

It is evident from the above explanation that, if the fatal dose be unknown and variable, in the great majority of cases with ill results, the relation of cause and effect is much obscured; also that the effects of the diphtheria toxin must be excluded, and that it is only such rare cases as those of Dr. Kortright and Dr. Langerhans, which seem to have no ordinary explanation, that can demonstrate the explanation here given. I hope to be able shortly to complete an experimental investigation on the possible causes of sudden death after the administration of diphtheria antitoxin.—C. B. FITZPATRICK, in *Med. Rec.*, 1896, *xlix*, 572.

SUPPURATION OF THE THYROID GLAND FOLLOWING DIPHTHERIA.

ROLAND S. LINDSAY (*Phila. Polyclinic*, 1896, *v*, 146) reports the case of a boy, 11 years old, suffering (December 26, 1895) from an attack of diphtheria. A culture proved the diagnosis correct.

Inspection showed a membranous deposit on both faucial tonsils, the soft palate and the mucous membrane covering the posterior portion of the hard palate.

The child objected to a laryngoscopic examination, and investigation in that direction was abandoned. Slight cough and dyspnea were present. The patient was given mercuric chlorid, iron and whisky. Löffler's solution was sprayed over the affected areas, and this was followed by the careful insufflation of trypsin.

In due course of time the patient recovered from the attack and was discharged. The submaxillary glands were indurated at the time of the discharge, but not more so than is usually seen after an ordinary attack of acute tonsillitis.

On January 14, 1896, the same patient had marked swelling of the submaxillary glands and induration of the post-cervical glands. One week later the left parotid was enlarged, and this was quickly followed by enlargement of the right parotid to the size of a half lemon. These enlarged glands rapidly yielded to the application of iodine around but not over the affected area.

The patient did not come again until March 6th, when the thyroid gland was found to be enlarged to a marked degree. Inquiry elicited the fact that a poultice had been applied.

March 7th. Thyroid rapidly breaking down and pus forming. Operation refused.

March 8th. Permission to open the abscess was granted and about two ounces of pus and disintegrated glandular structure were evacuated.

Digital examination after withdrawing the pus showed that the middle and portions of each of the lateral lobes had broken down. The patient is now doing well.

TREPHINING IN EMPYEMA.

REY (*Gazz. degli Osped., Med. Times, 1896, xxxi, 236*) recommends trephining through the rib in cases of pleural empyema. Intrapleural antisepsis can be well carried out by this method, and the integrity of the chest walls is better preserved, thus facilitating the re-establishment of respiration on the affected side. The author makes an incision four or five centimetres long over the eighth or ninth rib, about six centimetres from the costal angle, and then applies a trephine with a crown of one centimetre's diameter. After the disc of bone is removed the pleural cavity is washed out with sublimate solution and boracic lotion, and the largest possible size of drainage tube inserted, extending four or five centimetres into the pleural cavity. If necessary, other parts of the same rib may be trephined. The author has had considerable success with this revival of an ancient practice in the treatment of empyema.

REPORT OF CASE OF FOREIGN BODY IN RIGHT BRONCHUS; RECOVERY AFTER SIX DAYS' RETENTION

J. N. HALL reports (*Univ. M. Mag. 1896, viii, 527*) that on January 6, 1896, S. H., female, 11 years of age, placed in her mouth a setting from a scarf pin. By accident it suddenly slipped down her throat, and she immediately developed a severe attack of cough, lasting five or ten minutes. The stone has since been found to be a flattened one, one-quarter inch in greatest diameter, a quarter less than this in thickness. About it were the little metallic arms such as usually support a jewel, slightly increasing in diameter. The base had been broken off smoothly.

She had much wheezing and cough soon after the accident, but this subsided somewhat, although still present when seen twenty-

four hours after the accident. A careful examination of the upper air-passages was, however, entirely negative.

The examination of the chest gave negative signs excepting in the lower right back. At a point just interior to the lower angle of the right scapula marked wheezing was found, resembling that of a severe attack of asthma, developing suddenly as one approached this point from above. Below the respiration was faint, and the wheezing was heard more distantly, but still with distinctness. The voice was transmitted normally on both sides. There was a little pain in the left side, vague and inconstant, and attributed to the strain of the severe cough of the previous day.

By Dr. Parkhill's advice, at St. Luke's Hospital, on the second day, the patient was inverted, and, while held in this position, caused to cough and sneeze vigorously by inhalation of snuff. The only result, as shown by subsequent exploration of the chest, was the admission of more air past the obstruction, its position having changed slightly, or, more probably, mucus having been removed from around it by coughing.

He advised no further interference at this time, and the patient was treated expectantly. No change could be noted in the signs until the 10th, although there had been, meanwhile, some cough, slight fever, and quite sharp pain in the chest, not very definitely localized, and relieved by morphia in moderate doses. At 5 p. m., on the date mentioned, the patient presented no abnormal signs in the chest, and was wholly free from pain, although suffering severely three hours before.

The mother was told that the foreign body had evidently become dislodged from its original position, was probably loose in the larger bronchial tubes, and, inasmuch as it might be dislodged by coughing, was advised to watch carefully for it in the event of cough. At 8.20 the next forenoon the stone was expelled with moderate cough, and the patient has been free from symptoms since that time.

The case is of interest because of the considerable time of the retention of the body, its location in the bronchus leading to the right lower lobe, and its spontaneous dislodgement.

CAUSES OF NASAL OBSTRUCTION IN CHILDREN.

BOULAY (*Rev. Mens. des Mal del Enfance, March, 1896*) points out that the familiar adenoids do not account for all the nasal obstruction met in children. Hypertrophic catarrh of the nasal mucous membrane is itself an obstruction, and often accompanies ade-

noids and spurs of the septum, so that when the latter are removed the cure is still not complete. If the hypertrophy is only slight, it may disappear soon after the adenoids are removed, but if the inferior turbinate touches the septum the mucous membrane should be treated with the galvano cautery, or chromic acid, before the adenoids are interfered with. This hypertrophy is rarely found in children under two years. Foreign bodies in the nasal cavities are particularly frequent in children from two to six years of age. If the introduction of the body is not known by the parents, unilateral persistent nasal obstructions, with a purulent, more or less fetid, discharge, may be the only notable symptoms, and these may come on some months later.

Malformations of the septum coming on spontaneously are always due to a want of harmony between the development of the septum and that of the ethmoid and supra maxillary bones. This occurs, therefore, before the bones of the nasal cavities have taken their final shape, i. e., before the age of about twelve years.

In a series of autopsies of the newly born, Auton found spurs or other anomalies of the septum in 16 per cent., but at seven years, i. e., when, with the second dentition, the superior maxilla begins normally a more considerable growth, the anomalies begin most to cause symptoms. The heightened palatine arch in mouth-breathers causes a corresponding diminution in the height of the nasal fossae, and is thereby the source of the majority of septum lesions. Before ten years these lesions are chiefly in the antero-inferior portion of the septum. Later they appear more posteriorly. Malformation is rarely visible externally, though it may be often seen on examination of the nares without a speculum. Careful examination through a speculum, however, is necessary in order to recognize their exact extent and character. The author recommends the correction of the deformity by the knife rather than by electrolysis or by the cautery.

EPILEPSY OF DENTAL IRRITATION.

A case of epilepsy, traceable apparently to dental irritation, is recorded (in the *Western Dental Journal*, *J. Brit. Dental Assoc.*, 1896, xvii, 184) by DR. J. D. PATTERSON. The patient in question was a child aged 8 years, who for a year before being seen frequently suffered with spasms or convulsions, which would come on without warning. At one time these contractions would force the fingers of the hand into unnatural and rigid positions, at times only one finger doubling up, and again all of the fingers clasped tightly,

the nails leaving their imprint upon the palm. Similar contractions would appear on the toes of the feet. The usual methods of treatment having failed to give permanent relief, the question of dental irritation was inquired into. There were no canine teeth, but the permanent teeth were in various stages of eruption and at the same time considerably retarded. Noting the points where irritation appeared from coming teeth and delayed shedding of deciduous teeth, the gums were lanced and the deciduous teeth removed where there was suspicion of irritation, with the result that the epileptic seizures ceased. This treatment was repeated whenever attacks supervened, the relief being always complete. Not until all the permanent teeth were completely erupted did the attacks entirely cease. The patient, at first a strong, healthy girl, became anæmic while the earlier treatment was of no avail, but rapidly improved when the relief from dental irritation was instituted. The epileptic spasms had not returned up to when the patient was last seen, namely, about three years ago.

WHAT IS THE VALUE OF OPERATIVE INTERFERENCE IN THE TREATMENT OF EPILEPSY?—BASED ON AN ANALYSIS OF SEVENTY CASES TAKEN FROM CONTEMPORANEOUS LITERATURE.

E. G. MASON says (*Med. News*, 1896, March 21) that in these matters the skill and judgment of the physician will, of course, be the most powerful factors, but there are certain broad principles which should always be borne in mind :

(1) Always consider an epileptic fit as a symptom of some underlying condition. (2) Inquire particularly and very carefully about the first convulsion : What was its apparent exciting cause ; what was its character, general or affecting only certain portions of the body, and what portion of the body was affected at the beginning of the fit ? (3) If there was an aura investigate it carefully, as it will not infrequently give a clue as to the seat of the lesion. (4) If there has been a trauma or a suspicion of trauma, shave the head and look carefully for a scar or a depression. If there is evidence of a trauma in a position corresponding to the initial symptoms of the fit an operation is usually justifiable. (5) If you cannot get a clear history of the case give a placebo and place the patient under competent surveillance until you can satisfy yourself as to the character of the fits. (6) Do not operate on a porencephalic child and expect to cure the epilepsy. Do not, as a rule, operate on a case of post-

hemiplegic epilepsy in a child and expect to cure. (7) Do not operate on an old, idiotic epileptic, a victim of idiopathic epilepsy, with general convulsions of years' standing.

What, then, is the value of operative interference in the treatment of epilepsy? In the light of our present experience it will be fair to put it thus :

- a. A certain small percentage of the cases will be cured.
- b. A certain larger percentage will be improved.
- c. An even larger percentage still will not be improved at all.
- d. An operation upon almost any case will produce a temporary cessation of fits.

MYXOFIBROMA OF THE BLADDER IN A CHILD THREE YEARS OLD.

GEORGE K. SIMS (*Med. Rec.*, 1896, *xlix*, 565) reports this case: On December 28, 1895, Rosa S——, aged three years, female, colored, was sent into his department. She was very much emaciated and her appearance gave evidence of great suffering and severe illness. She had not passed her urine for three days, except a little that dribbled out. Her mother gave the following history: For the preceding eighteen months the child had had difficulty in evacuating the bladder and bowels, and had suffered a great deal with a straining, as she thought, to empty the bowels. These symptoms had gradually grown worse until three months previously a large tumor had developed in the lower part of the abdomen. She had a prolapse of the rectum, and there was a mass about the size of one's finger in the vulva. Three physicians who had treated her previously said that this was the womb which had come down, but they had failed to get it back into position after several attempts. Upon a hurried examination the diagnosis was made of a tumor obstructing the urethra and that the abdominal tumor was the bladder enormously distended with urine. After some difficulty he succeeded in introducing a small silver catheter and drew off about half a pint of very offensive ammoniacal urine. This removed the abdominal tumor and confirmed the diagnosis.

The vulva was so completely blocked up by the mass that it was very difficult to find its attachment, but a closer examination showed that it was attached about the vesical neck. Owing to the extremely debilitated condition of the child and the inflamed condition of the urethra and bladder, it was not considered advisable to undertake the operation of removing it at that time. She was given salol and

boric acid to render the urine aseptic, and appropriate treatment to improve her general condition.

After about ten days of this treatment, and before the day set for the operation, the tumor slipped back into the bladder; several days later a large portion of it sloughed off and passed out, so that she could pass her urine without the use of a catheter, which she had not been able to do before. In the meantime her condition had improved so much that her mother would not consent to an operation. A portion of the tumor was left, and it was evidently growing very fast, for it was not long before it began to obstruct the urethra again, and when she bore down it could be seen trying to engage in the urethra.

On the morning of February 28, 1896, it had come out again, so he decided to operate at once. After a hurried preparation chloroform was given, the urethra was dilated, and by digital examination the tumor was found attached to the anterior wall of the bladder just above the urethral orifice. With a finger it was pulled out as far as possible and enucleated with curved scissors, this being the only means of getting at it, as owing to the large size of the pedicle and to its close attachment to the bladder walls, the snare or thermo-cautery could not be used. She rallied very well from the operation, and is getting along as favorably as could be expected. In addition to the medical treatment her bladder is being washed out twice daily with boric-acid solution.

The whole mass weighed about three ounces. Microscopical examination showed it to be a myxofibroma, a very rare neoplasm for this location, and its size was remarkable for a child of this age. Another peculiar feature is that it was attached to the anterior wall of the bladder, and not to the base, the usual situation.

CONGENITAL HYDRONEPHROSIS WITH OR WITHOUT DILATATION OF THE URETERS AND BLADDER, WITH TWO ILLUSTRATIVE CASES.

C. MABEL BLACKWOOD (*Edinb. M. J.*, 1896, No. 490, 919) says that hydronephrosis is a somewhat rare condition; its etiology and symptoms are alike obscure. Her attention was drawn to it by the following case:

The child, a male, was born in an asphyxiated condition, and energetic treatment had to be adopted before breathing could be established. He remained quite healthy for twelve days, though his extremities were always blue and cold, and the nurse thought his

abdomen unusually large. After the twelfth day the abdomen seemed tender; the legs were drawn up; he vomited his food and cried continuously for two nights. He passed water without difficulty till a few hours before his death on the sixteenth day.

At the autopsy the upper lobes of both lungs were found to be expanded; the lower ones were atelectatic. The capsules of both kidneys were difficult to strip off. The kidneys were of normal size, the left being slightly the larger of the two. The substance was dense, the pelves not dilated. In size and appearance the left ureter resembled the large intestine. Joining the kidney at a normal angle, it presented a series of dilatations which were larger as it approached the bladder. Its walls were much thickened, and down one side were longitudinal fibrous bands. These bands were specially thickened at parts where it seemed to pull the walls longitudinally together and cause constriction and twisting of the axis. On opening the ureter, at parts corresponding to the constrictions was found the mucuous membrane in folds. These narrowed the lumen, and must have greatly obstructed the flow of urine. A narrow stylet was passed from the bladder into the ureter. The bladder was hypertrophied and enlarged. The right ureter presented the same conditions as the left, but to a minor degree.

Dr. J. W. Ballantyne kindly lent the second specimen. The child was born prematurely (8 months), and there was not more than one fluid ounce of liquor amnii. The child had had a rounded tumor, felt at the left side of the abdomen. It had double club-foot, and drop-wrist of right hand. The left kidney contained numerous small cysts; the pelvis was not dilated. The left ureter was sacculated, or, as Germans term it, "wurst formig," and enlarged to about the size of the large intestine. It was impossible to pass a probe along inside the ureter, owing to a series of mucous membrane folds which had free edges and formed pouches. There were at least nine of these. The bladder was distinctly enlarged. The right ureter was similar to left, but less dilated. It also had folds of mucous membrane. The urethra had an obstruction near meatus urinarius.

Maternal influence is scarcely proved. There are several theories as to its causation.

A. R. Simpson says, in his paper on Hydramnios, that foetal kidneys are only in action if depuration of foetal blood is interfered with. He thinks the foetus is healthy till birth; and then in consequence of an enlarged caput gallinaginis there is obstruction to flow of urine, and that this causes hydronephrosis.

Virchow thinks that hydronephrosis prevents full respiration (? mechanically). The obstruction begins in pelvis of kidney from occlusion of papillæ.

Roberts, in his book on genito-urinary diseases, mentions oblique ureters and valves as most frequent causes.

Englisch thinks in newly-born child valves at kidney are normal.

Roberts says that inflammation is often the cause of thickenings and adhesions of the urinary tract.

Arnauld on hydronephrosis, Paris, 1891, gives the changes in development of the ureter as a cause. The urinary canal, at first posterior to the Wolffian canal, describes a sort of arc, and is successively behind, at the side of, and in front of the Wolffian canal. It is easily seen that a slight deviation would readily produce an abnormality.

Dr. J. Thomson thinks it may be due to defective coördination of the nervous mechanism leading to contraction of the bladder while its sphincter was closed.

An analysis of reported cases shows that in 18 cases there are 14 males and 4 females. Hydronephrosis is apparently commoner on the right side, for in 15 cases 7 were on the right, 4 on left, and 4 double. In 9 cases out of 28 were associated defects such as—*a*, imperforate anus; *b*, imperforate anus with spina bifida and club feet; *c*, club feet and no genital organs; *d*, *e* and *f*, club feet; *g*, left testical undescended; *h*, defect in septum ventriculorum; *i*, double ureters. The alleged cause in 17 cases was in—*a*, contraction of urethral orifice; *b*, constriction of ureter on entering the bladder, 4 cases; *c*, membrane of urethra, 3 cases; *d*, urethral obstruction, with valve where kidney joined ureter; *e*, obliteration in urethra; *f*, a double ureter, constriction where it joined before reaching bladder; *g*, constriction at pelvis of kidney; *h*, valve at ureter where it joined the kidney, and twist of ureter; *i*, narrowing of ureter where it joined the kidney; *j*, fibrous bands constricting longitudinally; *k*, mucous membrane forming valves; *l*, no external orifice and no urethra.

The cases of double hydronephrosis are apparently soonest fatal. Four cases of single hydronephrosis were alive at 3, 11, and 13 years respectively. Two of these were tapped, one was tapped and injected with iodine, the fourth had nephrectomy. If early infancy is survived this condition does not seem directly to cause death. There seems, occasionally, however, a want of lung expansion, and subsequent weakness of that organ. In 11 cases the causes of death were as follows—two died of atelectasis, two from atelectasis and pneu-

monia; tubercle was found in three cases; one died from operation, one from uræmia, and one from typhoid and debility.

The symptoms are obscure. Generally there is a localized swelling, and sometimes a sudden diminution of this, simultaneous with an increased flow of urine.

Some writers advise gentle massage, others repeated tapping. Arnould thinks treatment should depend on etiology, and if this is not ascertainable the surgeon should make an exploratory incision, catheterize the ureter, and operate if necessary.

In a few cases it seems to cause so little inconvenience that interference is uncalled for.

Museum Exhibits.—It is unlawful, and a heavy penalty is affixed, for any person to exhibit in any public hall, museum, theater or any other building, tent, booth or public place for pecuniary consideration or reward, any insane, idiotic or deformed person, or any imbecile, in the State of Pennsylvania.—*Atlantic M. Weekly*, 1896, *v*, 206.

A Death Alleged to be Due to Diphtheria Antitoxin.—An infant son of Privat-Docent Langerhans, prosector of the City Hospital (Moabit), Berlin, died suddenly last week after receiving an injection of diphtheria antitoxin. The inoculation was made as a precautionary measure, a housemaid in the family being at the time ill with diphtheria. The father attributed his child's death to the serum, and caused the following notice to be published conspicuously in the Berlin papers for several days: "Our darling Ernest, aged twenty-one months, died suddenly in perfect health in consequence of an injection of Dr. Behring's diphtheria serum." Naturally, this has given rise to much discussion among the physicians and in the press. The authorities at once seized the body of the child and caused an autopsy to be made. The result was wholly negative, and nothing was found to prove or disprove the charge of Dr. Langerhans. Dr. Asch, writing in the *Vossische Zeitung*, gives instances of similar cases, one of them relating to the daughter of a high Prussian medical official, who was inoculated with Dr. Behring's serum and was in consequence ill for three months. On the other side, Professor Brieger expresses the opinion that it is a serious mistake to draw the deduction from an unexplained case that the serum is dangerous, and asserts that a normal injection of the serum will not cause death.—*Med. Rec.*, 1896, *xlix*, 558.

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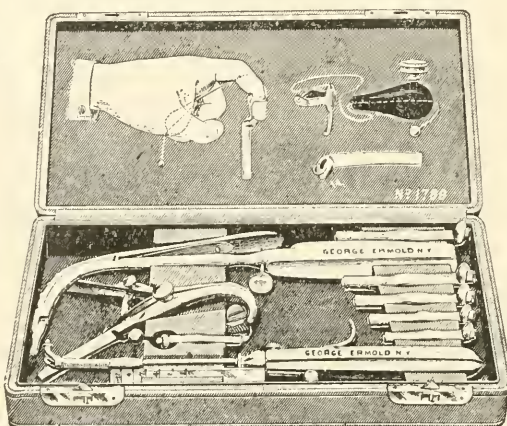
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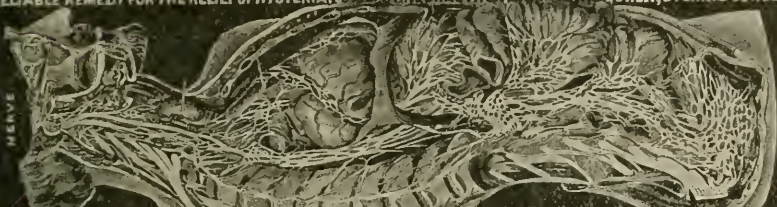
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PUBLISHER'S NOTES.

A Readily Assimilated and Non-Irritating Preparation of Iron.—One of the greatest difficulties a physician has to contend with in anæmic and chlorotic cases is to find a preparation of iron that is free from astringency, that is easily absorbed and assimilated, and one that can be used for prolonged administration without disturbing the digestive functions, or injuring the teeth.

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For the last two and a half years I have been using a preparation of iron, that from my clinical experience has acted both promptly and efficiently in cases of anæmia and chlorosis, a fluid albuminate of iron, manufactured by Dr. H. G. Drees, in Bentheim, Germany. It is a thick albuminous liquid of reddish brown color, when diluted has a pleasant aromatic odor and taste, and is of neutral reaction. It is of a definite chemical composition containing 5 per cent. of oxide of iron. I have found that under its administration the blood becomes richer, the red corpuscles and hæmoglobin increase in quantity, the face gains color, and the patient improves in strength and is lustier. It has acted well in my hands in cases of anæmia, which depend on specific poisons in conjunction with the proper specific. To sum up the advantages of Drees' albuminate of iron: It is readily assimilated, easily digested, is without astringent action on the digestive tract, does not injure the teeth, and is more prompt in its results than other preparations of iron that I have used.—*C. Earle Williams, Notes on New Remedies.*

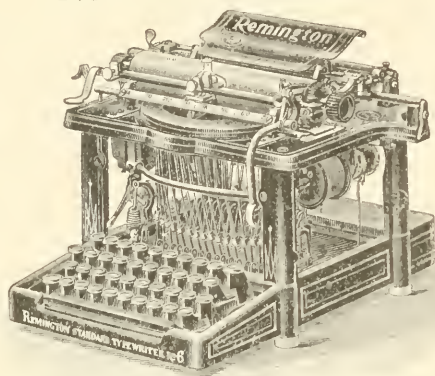
The Treatment of Diarrhea of Phthisis.—In *Saunders's American Year-Book of Medicine and Surgery*, 1896, edited by Dr.

George M. Gould, the following occurs with reference to a new intestinal astringent: "Tannigen, or acetyltannin, a derivative of tannic acid, is described by Meyer as a yellowish gray, slightly hygroscopic powder, without taste or smell. On animals it produces no change in the appetite, but checks intestinal secretions and causes constipation. It is to be detected in the feces even after small doses have been taken. Muller has used it with considerable benefit in chronic diarrhea. As a rule, 0.2 to 0.5 Gm. t. i. d. sufficed, but as much as 3.0 to 4.0 Gm. can be given without causing ill effects. In most cases improvement sets in promptly; in cases of pulmonary tuberculosis the diarrhea would return as soon as medication was stopped. Its value in acute diarrhea is doubtful. It can be taken for weeks without producing gastric disturbances." Drs. H. A. Griffin and V. H. Norrie, who have charge of the department of materia medica, experimental therapeutics and pharmacology in this work, add their testimony as to the value of tannigen in phthisical diarrhea in the following words: "Personal experience with tannigen in the treatment of diarrhea occurring in advanced cases of pulmonary tuberculosis leads us to regard it as a very serviceable remedy in the milder forms of diarrhea, but in the severe forms, even when given in large doses, it has failed to lessen the intestinal discharges."

Phenocoll in Whooping Cough.—Dr. A. MARTINEZ VARGAS, Professor of Pædiatrics in Barcelona (*Therap. Woch.*, Jan. 5, 1896), employed the phenocoll treatment of whooping cough in forty-two cases during the period from February, 1894, to June, 1895, and he declares that it is far superior to any other remedy for that disease that he has ever tried. In every one of his forty-two cases its effect was shown within the first twelve hours, although in many of them the frequency of the paroxysms was not reduced until the next day. Even in children of a very tender age he has not observed any untoward action of the drug. He gives the hydrochloride in daily amounts of from one to thirty grains, according to the patient's age; he has always used it dissolved in water, to which sugar or gum arabic has been added. He remarks that it is absorbed very rapidly and eliminated promptly. He thinks that the efficiency of phenocoll hydrochloride in whooping cough is not due to its antibacterial action, but to its acting as a sedative.—*New York Med. Journal*, March 7th, 1896.

A Doctor's Carbuncle.—"I thank you for the box of sennine. It came just in time for me to try it on myself in a malignant carbuncle which had caused me much suffering. It affords me pleasure to state that sennine has benefited me, in three or four days, more than any of the many antiséptics I have used * * * and I cheerfully commend it to my brother practitioners."—R. M. WELLS, M. D., *Plant City, Fla.*

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